

OFFICE OF THE ILLINOIS ATTORNEY GENERAL

LISA MADIGAN - ATTORNEY GENERAL

CIVIL RIGHTS INTAKE QUESTIONNAIRE

1. Please be sure to complain to the company or individual before filing.
2. Please type or print clearly in dark ink.
3. Incomplete or unclear forms will be returned to you.
4. Make sure you enclose copies of important papers concerning your discrimination complaint.

Please return completed intake form to:
OFFICE OF THE ILLINOIS ATTORNEY GENERAL
Civil Rights Bureau
100 W. Randolph
Chicago, Illinois 60601

Please enclose any documents you have regarding your complaint with this form. Do not send originals.

TODAY'S DATE: _____

1. **Your Name: Mr./Ms.**

Social Security Number: _____ **Date of Birth:** _____

Address: _____ **Apt. #** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone Number () _____

Day Time Phone Number () _____

2. The names of two persons who can contact you in the event this office is unable to locate you. Make sure their mailing addresses are different from your mailing address.

A. **Name: Mr./Mrs.** _____

Address _____ **Apt. #** _____

City _____ **State:** _____ **Zip:** _____

Phone Number () _____

B. **Name: Mr./Ms.** _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____

Phone Number () _____

3. Write out the full legal name of the company, business, employer, etc., (called the "Respondent") that you believe discriminated against you in Illinois.

Name in full: _____

Illinois Address: _____

City _____ State _____ Zip _____

Phone Number () _____ County _____

The discrimination which you experienced is based on [check appropriate base(s)]

- () Race
() Color
() National Origin
() Religion
() Sex
() Physical Disability
() Psychiatric Disability (Mental Handicap)

4. A. Type of Respondent that you believe discriminated against you in Illinois:

_____ Private Company _____ Government Agency (specify):

_____ Employment Agency _____ Federal

_____ Education Institution _____ State

_____ public _____ private _____ County

_____ Union _____ City

- B. What is the nature of the business of the Respondent?

_____ Retail (specify) _____

_____ Government (specify) _____

_____ Manufacturing (specify) _____

_____ Health Care (specify) _____

_____ Other (specify) _____

5. Does the Respondent have a total of 15 or more people working in the State of Illinois?
(Consider all locations)

_____ Yes _____ No

Does the Respondent have 15 or more people working in the United States?

_____ Yes _____ No

6. Are you now employed by the Respondent named in question #3?

_____ Yes _____ No

If you have been employed by the Respondent named in question #3, provide the following information:

Job Title _____ Date Hired _____

Were you on probation? _____ Yes _____ No

Department _____ Supervisor _____

Were you employed by a company other than the Respondent named in question #3?

_____ Yes _____ No

If yes, state the name of the company and explain:

7. In the spaces below, please explain the basis (type of discrimination) which you would like the Civil Rights Bureau to investigate. Note: the bases (types of discrimination) which the Bureau can investigate are race, color, creed, religion, sex, national origin, or physical or psychiatric disability.

Please take your time and complete all the information requested for each issue and basis alleged, so we can serve you better. Fill in a separate section for each issue and basis. State the type of discrimination you are complaining about: _____

8. Explain why you feel you were discriminated against because of the basis identified above. How were others in your situation treated?

9. If there are witnesses that the Civil Rights Bureau should contact, (if we determine an investigation is appropriate) who can support your claim of discrimination, state their names, addresses and phone numbers and the pertinent information each witness can provide.

Name: _____

Address: _____

Phone No. () _____

Information: _____

Name: _____

Address: _____

Phone No. () _____

Information: _____

Name: _____

Address: _____

Phone No. () _____

Information: _____

10. Do you have any documents to support your claim of discrimination? If so, please attach copies.

Yes _____ No _____

11. Have you tried to resolve your situation through a formal or information grievance procedure?

Yes _____ No _____ If yes, with whom? _____

12. Have you filed a charge of discrimination with any other agency?

Yes _____ No _____ If your answer is yes, when? _____

Name of agency _____ Charge No. _____

13. Please specify how you learned of our office. This information will be used to enable us to serve the public better.

READ AND SIGN BELOW:

I certify that this information is true and correct to the best of my knowledge.

I understand this information sheet is not a charge or formal complaint.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Disposition: _____

Staff: _____
(initials)

Date: _____

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